

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Mentzer Media Services			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016		
Mailing Address 600 Fairmount Ave Ste 306			Amount 1048687.50		
City State Zip Code Towson MD 21286		Transaction ID : SE1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016			
Purpose of Expenditure TV/Media Placement		Category/ Type			
Name of Federal Candidate Kander, Jason, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
9916220.30					
Full Name of Payee Wilson Grand Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016		
Mailing Address 429 N. St. Asaph Street			Amount 13967.00		
City State Zip Code Alexandria VA 22314		Transaction ID : SE2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016			
Purpose of Expenditure TV/Media Production		Category/ Type			
Name of Federal Candidate Kander, Jason, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
9916220.30					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1062654.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, ,</u>			Date MM / DD / YYYY 10 / 29 / 2016		
[Electronically Filed]					

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M M M	/	D D D	/	Y Y Y Y Y Y									
10		29		2016									
Mailing Address 429 N. St. Asaph Street		Amount <table border="1"> <tr> <td colspan="5">3495.00</td> </tr> </table>		3495.00									
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City Alexandria	State VA	Zip Code 22314	Transaction ID : Se3										
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		28		2016
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5">3495.00</td> </tr> </table>	3495.00				
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Crosby, Caleb, ,

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2016

Signature